LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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THE KENTUCKY STATE MEDICAL SOCIETY.

We hope our readers will not forget that the Kentucky State Society holds its next annual meeting at Hopkinsville on Tuesday, April 4th. Dr. Singleton, the secretary of the society, has issued an urgent call for a full attendance. A couple of weeks remain in which to make preparation, if necessary, and all who can get off should be on hand.

The citizens of Hopkinsville will no doubt give the members of the society a hearty welcome, as the citizens in Henderson, Lexington, and Paducah, and wherever else the association has met, have done on past occasions. There will be a chance, too, at Hopkinsville of meeting many of our Tennessee brethren, who have been invited to attend.

The social element of these reunions is generally a great item. In scientific entertainment the Kentucky State Society has had its full share of success and failure, and we do not wish to predict too much in this respect for the coming meeting. There will no doubt be the usual roll-call of learned committees and the same old requests for further time, and leaves to print without reading, which are never improved. The few faithful old workers will, of course, be on hand, and so will the gentlemen whose scientific attainments run chiefly in criticism of other people's work and unimportant questions of parliamentary law.

We hope Dr. Hodge and Dr. Singleton will not think that we are trying to detract from their convention by these prophecies. We hope there will be plenty of papers, learned and long. They may rest assured that we shall be on hand with our little essay. We view its beautiful proportions now—some fifty pages—on the Histogeny of Bacteria. We owe it to our position as journalists to be scientific, but we owe it also to our friends to be merciful. We can be bought off by two subscriptions to refer without reading or to burn.

We think the meetings of the Kentucky Association are always a success, and the present one promises to equal any other that has been held. We have had as much of scientific matter as most associations—far more than many of them—and for our part we would not cry much should the stock of this article run somewhat short. The books and journals give us plenty to digest. That is our work throughout all the year. But we can't get away from home often, and have people to lionize us, and pass ourselves off for great doctors. We can't see Will Rodman, of Frankfort, and John Phythian, of Newport, and Charley Kearns, of Covington, and Will Simrall, of Mount Sterling, and Skillman, of Lexington, and Hale, of Owensboro, and Cleaver, of Lebanon, and Thompson, of Paducah, and McMurtry, of Danville, and Clint. Kelly, of Louisville—in fact all the worthies who muster at the meetings; we can't see these elsewhere in one glorious crowd, as good fellows all as they are splendid doctors. There is weariness a plenty in the doctor's life, whether in waiting or working. Let us recognize not only the pleasure but the usefulness of our few holidays. Let us cultivate our hearts as well as our minds. Give us plenty of papers, but give us too more of good feeling. Give us science, and give us our friends. Let the struggle for existence cease at the portals of these conventions. Let suspicion be left behind, and all ambition,

save that which leads to generous rivalry. Let all personal feuds, should any exist, be forgotten at least for the time. Let not the meetings be marred with strife for the hegemony of the schools. Let the spot where the Association of Kentucky meets be as the sacred grove of Elis, where nothing is to be remembered save that the profession of the state is a common brotherhood. Then will the success of our association be assured; and if any man doubts our sincerity in this advice, by Saint George, instead of reading that small volume on Bacteria, we will propose that our excellent contemporary be made printer and journalist of the association, and back our proposition with the best speech we can command.

IN MULTITUDE OF COUNSEL.

The last editorial of the American Medical Weekly, which occupies nearly four pages, is intended of course to divert attention from the real question which is at issue—the practices of the Kentucky-Louisville School. It is apparently the product of a council of war, which was convened, we suppose, in the extremity to which we have pushed that "high-toned" institution. We judge this to be the fact, for such councils notoriously weaken a defense, and this one is even unnaturally feeble. We think too we detect its checkered style. It is adorned with some of the personalities characteristic of the amiable Weekly, but scarcely half the amount which generally flows from its unrestrained pen; and while there is quite an amount of the illogical sequence we have seen so much of, some one has added fully a page of coherence, devoted, however, to the reminiscence of lost battle fields, and having about as much to do with our present issue as the war of 1812. We judge, too, that it was the secret of many, for there was the noise on the streets of the avalanche that was coming before the slush appeared. We do the Weekly the credit to say that *it* can keep its own counsels.

Far better will it be to let this journal fight out its fight unaided; it can produce something better than this last joint essay. Wretched as is the cause which it undertakes to defend, it is an old hand at such business. It has uncounted mares' nests of learning at its command, a dictionary of worn quotations; it can shoot out ten adjectives to any man's one; it has a sublime contempt for mathematics, can be wholly forgetful of how many sides it has defended, and on a hard-pressed field can throw stink-pots with the best Chinese battery that was ever planted. These are the best weapons to prove that black is white. They make a noise; they create a smell; they please a certain following who having failed naturally hate success.

Nay, let the Weekly defend this line, and we shall have something better than this last muddle. We await its coming. We feel that it would be slaughter, if not of the innocents at least of the helpless, to lash again this morning the wretched policy of the Kentucky-Louisville School.

Original.

THE THERAPEUTIC VALUE OF COLD APPLICATIONS TO THE HEAD.

BY COLEMAN ROGERS, M. D.

It is a hard matter to divest the medical mind of a settled prejudice in favor of an old therapeutic resort. The application of cold water and ice to the head in various intracranial affections has held almost despotic sway in medical practice since the days of Cleophantus, Hippocrates, and Celsus up to the present time. Physicians order ice to the head in acute cerebral disorders just as naturally as they would administer the salts of bark in ague, and often with as much hope of success.

When cold is applied to the head it is with a view of obtaining some direct action on the intracranial tissues in the shape of

diminished temperature, lessened blood supply, or a sedation of the nerve tissues and centers.

Aside from its being unphilosophical to invoke such effects in all cerebral affections without reference to their intimate nature, even were it demonstrated that cold to the head has any positive agency, it is questionable whether it can produce them at all when applied in the ordinary way. A little reflection should teach us that it is next to impossible to affect the cerebrum by cold applied through the scalp and bony walls of the skull. Cold to the head is rarely used alone, but in combination with other means of relief. The amelioration of the symptoms which follows its use may therefore be *post hoc*, but recent experiments seem to demonstrate conclusively that it is by no means *propter hoc*.

We surrender old opinions and beliefs with reluctance; and while it is true that empirical bedside experience is generally our best guide in matters relating to the sick, it often leads us to false conclusions, and we are compelled to seek light from some of those scientific experimental observations which from time to time are afforded us.

Cold is a powerful agent for good or evil. Its prolonged application results in the death of a part. Post-mortem investigations made upon those who have died from the effects of intense cold have shown marked congestion of the brain, lungs, and other internal organs. A prolonged use of cold to the head in acute cerebral inflammations or in chronic disorders of the brain, accompanied with vascular fullness, if it has any effect at all, by inducing congestion would intensify and render worse the very condition which we are anxious to remove.

Some late experiments performed by Dr. William T. Benham, of Aberdeen, physician to the West Riding Lunatic Asylum, would seem to indicate that cold as ordinarily applied to the head in practice is devoid of any positive therapeutic value. Benham's experiments were performed with a view of determining the effects of cold thus applied upon the intracranial temperature and rapidity of the cerebral blood current. Had the temperature or blood supply of the cerebral mass been found to be lessened or in any way modified, it would lead to a fair inference that cold is a remedy of some power. Benham's experiments forced him to regard it as entirely negative in its results.

Space will not permit me to quote in detail the experiments alluded to. Benham's first observations were made on the cadaver. They consisted essentially in first dissecting out in the neck the arterial and venous trunks leading to and from the brain, and injecting water at a temperature of 110° F. into the brain through the vertebral and carotid arteries of one side until it returned by the arteries and veins of the other. A delicate thermometer was first inserted into the brain through a small hole made in the calvarium, in order to note the changes in temperature. After the water began to flow freely and the thermometer to show a steady temperature of 101° F., a mixture of ice and salt was applied all over the cranium and allowed to remain on for an hour, the hot water flowing through the brain freely in the meantime, notes of any changes in the thermometric scale being taken at intervals. The cold thus applied had no effect whatever upon the column of mercury. These experiments would seem to indicate that as long as a fluid of a certain temperature is passing through the vessels of the brain the application of the most intense cold to the head has no effect upon it at all.

It may be objected that experiments made on the cadaver will not apply to the effect of an agent on the living tissues; but the stream of hot water through the patent vessels imitated the flow of blood during life. It is difficult to understand how, if intense cold applied to the outside of the head fail to affect the dead and pulseless cerebral mass, it can possibly have any influence through the bony skull upon the temperature of a living brain, which is permeated by an ever-flowing supply of warm

blood. Even after death we might indeed freeze the tissues external to the skull without in the slightest degree affecting its contents. If this is the case, how much harder it must be to derange by external applications functions and tissues which are conservatively presided over by the active vital processes. But Benham's experiments were not confined to the cadaver. By inserting a thermometer beneath the membrane of a dog's brain, and afterward applying intense cold to the animal's head for an hour or longer, he confirmed the results obtained when experimenting on the dead body.

The other experiments of this observer were made with a view of determining the action of cold to the head in lessening the blood-supply of the intracranial tissues. These were made with a beautifully delicate instrument, devised by Ludwig, which measured the exact amount of blood passing through a vessel in a given time. He demonstrated in a number of experiments made upon different animals with this instrument that there is no appreciable influence exerted by cold upon the quantity and force of the blood-stream through the common carotid artery.

Physicians make the mistake of reasoning too much by analogy, and rushing with too much rapidity into generalizations upon the action of a remedy in special conditions. It has long been known that by irritating or otherwise disturbing the peripheries of a sensory nerve we can produce reflexly through the vaso-motor center such an increased inhibitory action on the vessels of a part as to diminish the vascularity of other parts in relation with it. By irritating or by applying cold to an afferent nerve we can produce reflex contraction of other parts at a distance. But this does not apply generally. It is only applicable to parts which have some symmetrical relation to each other. It could by no means suffice to explain the *methodus medendi*, if there is any such thing, as cold to the head.

It was at one time taught, and it is in some measure true, that the effects of cold will extend deeply, through reflex action upon the surface. Granting that this is so, it could not apply to the brain enveloped as it is in its bony case. Brown-Séquard long since pointed out that the temperature of one leg or arm can be lowered by placing the other in ice-water. This may be so, but it is different when speaking of the external integument and the contents of the skull. The arms and legs are in symmetrical nervous relation with each other. There is no such physiological nervous connection between the scalp and the brain. Benham's experiments demonstrated that the temperature of one side of the face is diminished by cold applied to the other, but thermometers placed in both axillæ showed no alteration in the mercury. Cold locally applied is certainly a sedative and astringent, as shown by the pallor which it occasions in a part and its prompt arrest of hemorrhage; but its influence does not extend very deeply to other parts which are not physiologically and symmetrically related. Its range of therapeutic application to deep-seated internal organs must be consequently limited.

When applied over the hypogastrium to suppress uterine hemorrhage its effects for good are, to say the least, questionable; at any rate a prudent obstetrician would not depend upon it solely. But should it even be demonstrated that its effects on the womb when thus used are highly beneficial, this would by no means indicate that it has any influence on the cerebrum either to arrest hemorrhage there or to control inflammatory disturbance. The uterine walls are so close to the abdomen it is barely possible that cold externally applied may penetrate to the womb, and thus have some effect directly or through reflex action. That this could not be the case when we are dealing with the brain through the thick and almost impermeable walls of the cranium we think needs no demonstration.

In cerebral inflammation we must remember there is always febrile movement, as shown by the thermometer in the axilla.

The local disturbance gives rise to the general excitement; one is the index to the other. As one increases, so does the other. The fall in temperature is a certain indication that the local inflammatory changes are on the decline or are advancing to resolution. Not until such declination of temperature ensues have we grounds upon which to base a hope for a favorable termination. The experience of others differs from ours if they can state that they have ever noticed any effect from cold applied to the head in acute affections of the brain, upon the thermometer in the axilla, or upon the pulse and general symptoms.

We would ask how often has it been noticed that cold thus applied is of any special benefit in diminishing the general feverheat? Do the pupils under its use show any change in their size as a direct result of it? Do the coma and convulsions become any less grave? Can we conscientiously say that we have ever abbreviated an apoplectic seizure or mitigated the severity of acute meningitis by the unaided use of cold to the head? An honest review of past experience must give a negative answer to these questions. In the treatment of acute intracranial diseases we resort to appropriate local and general depletion, aided by arterial sedatives. Any deductions from the use of cold in these cases, when tried in connection with these and other means, of course are faulty and vitiated. Powerful as cold is claimed to be in head affections, there are few practitioners that would place implicit trust in its unaided use. It is true that its application to the head is often a grateful relief to the surface sensation of heat, but this is all that can be claimed for it. Cold cloths or ice-bags to the head are often annoying not only to children but to adults. It is often the case that patients fret under their use. Aside, therefore, from cold being useless as far as its beneficial effects are concerned, it may be hurtful by adding to the already existing excitement.

Our text-books on practical medicine continue to inculcate the idea that cold applications to the head should be made when there is reason to suspect the existence of any hyperæmia in the nervous centers. We suspect that such teachings are not always the result of a careful clinical observation, but they follow as a matter of course and from a tendency to adhere to old and firmly-rooted dogmas which are almost coeval with the birth of medical science, and which have grown with its growth. In accordance with common usage, and because it is the fashion so to do, physicians keep up this practice without a thought as to whether or not it is indicated in all cases to which it is applied.

As a proposition it is axiomatic that two opposite pathological conditions can not be relieved by one and the same remedy. Let us grant that cold to the head is capable of accomplishing all that is claimed for it. If it is able to diminish the amount of blood in the brain and to depress its abnormally elevated temperature, it should be applicable only to sthenic conditions of the organ or to increased vascular fullness from whatever cause arising. But we often meet with conditions which are plainly due to cerebral anæmia. Convulsive disorders are almost as marked and frequent when dependent upon an anæmic state of the brain as when plethora is the underlying condition. It would be an irrational proceeding to apply cold in both cases; for if it has the effect which is claimed for it, while it would benefit one case, by parity of reasoning it should render the other worse. It would be plainly wrong to apply cold to the head with a view of arresting the convulsions so frequent in children worn and emaciated from cholera infantum, and expect beneficial influences from it when used on those who are stricken down with apoplexy or cerebral congestion while in the enjoyment of robust health. If cold applications relieve convulsions dependent upon that impoverished condition of the brain known as the hydrocephaloid disease of Marshall Hall, they should intensify them when dependent upon real inflammatory action. As it is common to apply cold indiscriminately in the treatment of

acute head affections, and as the results are often neither beneficial nor harmful, the logical inference must be that it is possessed of no modifying agency whatever.

Should there really be any influence upon the brain from water applied at various temperatures to the scalp, physiological considerations should incline us to reverse old teachings. If cold has any palpable effect at all, it is that of contracting blood-vessels under the contiguous surfaces to which it is applied. Retreat of blood from the surface thus occasioned must cause it to accumulate somewhere else. The pathology of an ordinary chill renders this evident. Consequently if we apply cold to the scalp, the surface diminution of blood must cause a corresponding increase of fullness in the vessels of the brain. *Per contra*, hot applications to the same region by inducing surface congestion would derivatively lessen the amount of blood in the nervous centers. In our own observation hot-water applications to the head have given a prompter relief than cold ones in headache and other nervous symptoms due to plethoric habits. Cold in some form or other, if it has any value at all, would be indicated in the opposite conditions.

It can not be denied that there are certain forms of headache in which cold applications are serviceable, and which may possibly be cited in opposition to the views we have thus briefly and imperfectly advanced. We refer to that very common affection known as sick-headache, which is usually dependent upon indigestion or some other form of gastric disturbance. In this, however, there is little or no vascular excitement, as shown by the usually quiet pulse and normal temperature. It is a condition simply of hyperæsthesia. The suffering is mainly due to some functional nervous excitement, the effect, possibly, of transmitted irritation to the brain through the terminal filaments of the pneumogastric. When we remember the close proximity of the central tracts of the fifth and the pneumogastric branch of the eighth pair of nerves, it is not difficult to imagine that cold applied to those portions of the fifth pair, supplying the scalp, is so capable of affecting parts near the origin of the pneumogastric as to modify an impression in the course of its transmission to the brain from the peripheries of that nerve which is irritated by a disordered stomach. That this is the *modus operandi* of cold in the relief of a sick-headache is highly probable. Its effects even here are not as pleasing as the prompt administration of an emetico-cathartic.

To sum up, we think it highly improbable that a degree of cold to the head short of that which produces freezing and sloughing of the integument has any effect whatever on the intracranial circulation or temperature. If this be true, it can have no positive effect in deep-seated cerebral disease, and is therefore a useless procedure to apply it.

LOUISVILLE.

CROUPOUS PNEUMONIA TREATED BY ANTIPYRETIC DOSES OF QUININE.

BY W. B. RODMAN, M. D.

Charles A——, aged two years and three months, had a chill followed by high fever, about 12 M. February 23d. I saw him for the first time on the 24th at 11 A. M.; respiration 60, pulse 172, temperature 103.5°. From the marked dilatation of the alæ nasi, the rapid development of the high fever, and the disproportion between pulse and respiration, I pronounced the case one of pneumonia, although after a careful physical examination I found no evidences of the lung being implicated. I ordered a mixture of ammon. muriat., syrup prun. virg., and syrup ipecac. 9 P. M.: respiration 60, pulse 160, temperature 103.50°; continued treatment.

25th, 9 A. M.: an examination shows solidification commencing in lower lobe of left lung; respiration 50, pulse 168, temperature 103°; 3 grs. quinine ordered at 11 A. M. 9 P. M.: solidification complete, whole of left lower lobe involved; respiration 50, pulse 150, temperature 103.5°; ordered mixture, of ammon. carbon. ʒ ss., syrup prun. virg.

℥ ss., muc. g. acac. q. s. ad. ℥ iv., dessert-spoonful every three hours; also the lungs to be covered with hot mustard-water flannels, and over these oiled silk.

26th, 9 A. M.: respiration 36, pulse 154, temperature 103.5°. At 2 P. M. gave quinine 6 grs., and discontinued mixture. 9 P. M.: respiration 40, pulse 124, temperature 102.5°.

27th, 9 A. M.: respiration 60, pulse 148, temperature 103°. 4 P. M.: respiration 36, pulse 128, temperature 99.7°. It was now evident that the crisis had come, and small doses of whisky were ordered. The temperature sunk to 97° by midnight, and since then the boy has almost entirely recovered, some cough still existing. Physical exploration showed decided consolidation of lung after the temperature became normal. All previous treatment was discontinued, and the child given the elixir of calisaya with iron as a tonic.

The history of this case does not show so plainly the effects of the antipyretic treatment as the following:

Marvin A——, aged six years (brother of first case) taken sick on night of February 24th.

Friday, 25th, 9 A. M.: respiration 40, pulse 124, temperature 103°; no expansion of the alæ nasi, no pain, no cough, and result of physical exploration negative. Was ordered a mixture of liq. ammon. acetatis, spts. ether nitros, and vin. ipecac. 9 P. M.: respiration 50, pulse 150, temperature 103.5.

Saturday, 26th, as pulse, respiration, and temperature were more favorable, and physical examination gave a negative result, no record was kept. The treatment was continued, however, as there was slight fever.

Sunday, 27th, 9 A. M.: respiration 50, pulse 160, temperature 104.2°; and pneumonia was found at the base of left lung, which rapidly extended, so that in twenty-four hours the *whole lung* was involved. At 10:30 A. M. 8 grs. quinine were ordered. 1:30 P. M.: respiration 60, pulse 156, temperature 104.8°. 3 P. M.: respiration 56, pulse 156, temperature 104°. 4:15 P. M.: respiration 48, pulse 140, temperature 103.5°. 6:30 P. M.: respiration 46, pulse 140, temperature 102.4°. 9 P. M.: respiration 42, pulse 128, temperature 102°. 11 P. M.: temperature 100.2°. In the meantime flannels in hot mustard-water were applied to the lung, and over this oiled silk. A mixture containing carb. ammonia was ordered, but only one dose of this was taken during the whole attack, as it seemed to produce intense nausea.

Monday, 28th, 6 A. M.: respiration 54, pulse 140, temperature 103. 9 A. M.: respiration 46, pulse 132, temperature 103.2°. 12 M.: temperature 104°; gave 8 grs. quinine. 6 P. M.: temperature 102°. 9 P. M.: respiration 36, pulse 108, temperature 102°.

Tuesday, 9 A. M.: respiration 36, pulse 124, temperature 103°. 12 M.: pulse 144, temperature 103.8°. 1 P. M.: temperature 104°; ordered 8 grs. quinine. 4:30 P. M.: temperature 101°. 7 P. M.: temperature 100.5°. 11 P. M.: pulse 100, temperature 99°. 2 A. M.: temperature 97.5°; gave 20 drops of whisky. 4 A. M.: temperature 97.2°; gave 40 drops whisky. 9 A. M.: temperature 98.5°; crisis come; patient cheerful, wishes to play with toys, etc.; examination reveals still considerable lung consolidation; ordered ferrated elixirs of calisaya, all other treatment being discontinued.

I believe pneumonia to be a febrile disease, with inflammation of the lung as its prominent symptom. The dangers are from collateral œdema (rarely) and exhaustion of the heart's action. In nine out of ten cases the treatment will be to prevent this exhaustion and to treat it when it supervenes. Most cases of pneumonia will recover under the expectant plan of treatment. In those cases where the temperature rises over 103° or 104° I believe in the necessity of antipyretic treatment.

Pneumonia is almost always a cyclical disease, the crisis occurring generally between the fourth and eighth days, fifth and seventh most frequently; and if the fever can be kept within safe bounds during this time,

say a daily average of 102.5°, recovery will take place. I have used, and with marked success, quinine with carb. ammonia from the very beginning of an attack, say 3 grs. of the former with 10 to 15 grs. of the latter. I do not believe that quinine used in this way has any antipyretic effect. I gave 3 grs. to my first case, aged two years (equal to 21 grs. for an adult), without any reduction of temperature. Loomis believes in quinine used for its antipyretic effect; but I think he divides 30 grs. into several doses, to be given during the twenty-four hours. Juergensen gives from 30 to 77 grs. to an adult, usually at nightfall, in one dose. This he repeats only every other night. As he uses also cold baths for the same purpose (reduction of temperature), this infrequent administration of quinine may be all that is necessary. I would give the quinine every day (dispensing with cold bathing in private practice) in doses sufficient to reduce the temperature from 2° to 4°. The maximum reduction will take place from seven to nine hours after the quinine has been taken, and last from six to twelve hours. Probably it would be better to give it at nightfall, but rather than let my patient stand a temperature of 104° from morning until night I would give it in the morning.

A reference to the second case reported will show that the quinine was administered at 10:30 A. M., 12 M., and 1:15 P. M. on the third, fourth, and fifth days of the disease. I may say that the three doses of quinine were the only medicine given during this attack. When the amount of lung tissue involved, the high temperature, and the age of the child are taken into consideration, I think all will agree that the patient made a rapid recovery, and that without a single unpleasant or alarming symptom. I intend to try this treatment in the future in preference to any heretofore employed by me, as I am better satisfied with the results than those obtained under any other treatment I know.

FRANKFORT, KY.

IN MEMORIAM.

Mrs. Louisa A. Gross, the wife of Prof. Samuel D. Gross, died, at her home in Philadelphia, on the 27th day of February. She had for several years been a great sufferer, and for some time past her death would not have been unexpected; nevertheless the announcement of it will be sad news to the many friends of her husband and herself. She was a woman of extraordinary character. She possessed a mind of unusual vigor, which was cultivated to the highest degree of refinement. She had many of the graces and accomplishments of her sex—exquisite taste and tact, was a fine artist and a brilliant conversationalist. She had, too, a firm and decided will, and yet withal a heart so gentle that it won all who came within her presence. With such qualities she of course achieved early the highest social distinction, and fitly wore it to the last day of her life. She was always and every where a leader in society; but while she was of the world she was unspotted by it. In daily contact with the powerful and the great, the humble and helpless did not seek her in vain. The well of her hospitality flowed naturally, not for show or for self, but because she loved companionship, and her religion taught her to make happy those about her.

Many years of her life were spent in this city. We doubt not that they were most happy years which she passed in that beautiful home, where she reared her little ones, established so many friendships, and saw the budding and blooming of the fame of him she held so dear; and the tender recollection of the gentle wife has endured through these twenty years which have passed since they have left us, along with the pride that this was the first great field of the noble husband's fortune and fame.

These two whom death for a time has separated we can not think of as apart. None who knew them can forget how much the life which has just gone out was interwoven with the one which is left; how much her ambi-

tion spurred him, how her goodness guided him, how tenderly he loved her, and how much of his reward was in her approval. We drop our feeble tribute to the noble matron, the fond wife, the devoted mother; but we feel how vain would words of consolation be to him who is bereft of all these. He knows, though, how the warm hearts of the profession in Kentucky sympathize with their great chieftain in this desolate evening of his days.

R. O. C.

Selections.

DISEASE OF SACRO-ILIAC ARTICULATION.—Dr. Erskine Mason, before the N. Y. Pathological Society (Phila. Med. and Surg. Rep.) presented the right os innominatum and sacrum, and gave the following history: A man, aged sixty-one, was admitted to Roosevelt Hospital January 20, 1875. One year before his penis had been amputated in the same institution, on account of elephantiasis, by Dr. Weir. In September, 1874, he was suddenly seized with pain in the hips and outer side of the thigh. This, however, decreased in intensity, and he was able to resume his occupation, which was that of night watchman. A few months later he was again seized with a pain in the right hip, which radiated to the knee. He kept his bed for two weeks, subsequently returning to his work. He soon afterward again became an inmate of the hospital. About fourteen days before his admission he noticed a small tumor, which appeared below Poupart's ligament. On examination it measured four and a half inches vertically and four inches horizontally. The tumor was painful. He complained of pain in his right hip. The tumor was regarded as a chronic abscess by all the surgeons of the hospital; it was accordingly aspirated on February 4, 1875, and pus was discharged. On March 5th Dr. Mason examined the patient carefully. He found no indication of hip disease, but pressure at the right sacro-iliac articulation elicited pain; he therefore diagnosed disease of that articulation. Aspiration of pus from the abscess was resorted to on several occasions subsequently. He was seen afterward on the hospital grounds by the doctor, and said he felt no pain whatever. On June 9th fluctuation was detected in the gluteal region, and pus evacuated by an incision. On the 20th of August he was seized with pain in his left hip; erysipelas of the thigh and diarrhea set in, and a bed-sore appeared on the sacrum. His condition grew worse, and he died on September 24th. At the autopsy the bones were found eroded at the right sacro-iliac articulation. Pus was found between the muscles and bone near the joint. The ligaments and entire articulation had been destroyed by the disease. Dr. Mason remarked that this had been the first case of the kind ever presented to this society. The points of interest which were connected with the case, he said, were: first, the age of the patient; Erichsen says that he has never met with this disease in advanced life or in childhood; secondly, that the patient could walk about during the progress of the disease; and thirdly, that no abscess had appeared until toward the end of the patient's life. Its situation was remarkable, being found in the anterior part of the thigh, the usual situation being on the outer aspect, and often opening into the rectum. Dr. Weir said that when the patient was under his observation he was suffering from an abscess near the rectum, and thought to be ischio-rectal. Dr. Mason said that the patient had a urinary fistula, and in answer to Dr. Post said that there had been no lengthening of the limb on the affected side nor tilting of the pelvis. The president said that he made the autopsies in four cases of sacro-iliac disease; they were all adults, and no ante-mortem diagnosis had been made in any of them. He had not found cheesy infiltration of the parts, but had found erosion of the bone. This disease was unlike hip-joint and Pott's disease in these particulars, but resembled suppurative disease of the vertebræ. Dr. Mason remarked that Mr. Erichsen had seen no cases of recovery in this disease after abscesses had formed, but that Hilton had reported three cases where the disease had occurred in young children, followed by abscess and recovery.

NATURAL EUTHANASIA.—By the strict law of nature a man should die as unconscious of his death as of his birth. Subjected at birth to what would be in the after-conscious state an ordeal to which the most cruel of deaths were not possibly more severe, he sleeps through the process, and only upon the subsequent awakening feels the impressions, painful or pleasant, of the world into which he is delivered. In this instance the perfect law is fulfilled, because the carrying of it out is retained by nature herself; human free-will and the caprice which springs from it have no influence. By the hand of nature death were equally a painless portion. The cycle of life completed, the living being sleeps into death when nature has her way. This purely painless process, this descent by oblivious trance into oblivion, this natural physical death, is the true euthanasia; and it is the duty of those we call physicians to secure for man such good health as shall bear him in activity and happiness onward in his course to this goal; for euthanasia, though it be open to every one born of every race, is not to be had by any save through

obedience to those laws which it is the mission of the physician to learn, to teach, and to enforce. Euthanasia is the sequel of health, the happy death ingrafted on the perfect life. When the physician has taught the world how this benign process of nature may be secured, and the world has accepted the lesson, death itself will be practically banished; it will be divested equally of fear, of sorrow, of suffering. It will come as a sleep. If you ask what proof there is of the possibility of such a consummation, I point to our knowledge of the natural phenomena of one form of dissolution revealed to us even now in perfect though exceptional illustration. We have all seen nature in rare instances vindicating herself despite the social opposition to her, and showing how tenderly, how soothingly, how like a mother with her foot on the cradle she would, if she were permitted, rock us all gently out of the world; how, if the free-will with which she has armed us were brought into accord with her designs, she would give us the riches, the beauties, the wonders of the universe for our portion so long as we could receive and enjoy them; and at last would gently withdraw us from them, sense by sense, with such imperception that the pain of the withdrawal would be unfelt and indeed unknown. Ten times in my observation I remember witnessing with attentive mind these phenomena of natural euthanasia. Without pain, anger, or sorrow the intellectual faculties of the fated man lose their brightness. Ambition ceases or sinks into desire for repose. Ideas of time, of space, of duty lingeringly pass away. To sleep and not to dream is the pressing and, step by step, still pressing need, until at length it whiles away nearly all the hours. The awakenings are short and shorter; painless, careless, happy awakenings to the hum of a busy world, to the merry sounds of children at play, to the sounds of voices offering aid; to the effort of talking on simple topics and recalling events that have dwelt longest on the memory; and then again the overpowering sleep. Thus on and on, until at length the intellectual nature is lost, the instinctive and merely animal functions, now no longer required to sustain the higher faculties, in their turn succumb and fall into the inertia.—*Dr. B. W. Richardson in Popular Science Monthly.*

Costly Medicines.—(Cornhill Magazine.)—The use of costly things as remedies for disease constitutes a kind of *haute médecine* necessarily of limited application. With the exception of the great search for the *aurum potabile* in the middle ages, there are much fewer traces of it than of the other form of sacrifice, in which the patient *payait de sa personne.* Every body could be scarified or made to swallow worms and filth, but there were not many patients who could afford to pay for emeralds to tie on their stomachs in cases of dysentery, as recommended by Avenzor, nor for "eight grains of that noble lunar medicine, the wine of silver," or for "dissolved pearls," either of which, Matthioli assures us, is "sovereign against melancholy." Dioscorides might in vain recommend powdered sapphires for smarting eyes, or St. Jerome vaunt their virtues for many other troubles, to the majority of sufferers in their own or any other age. Coral was more within popular reach, and probably a considerable number of believing souls have followed Galen's prescription, and tried its use for spitting of blood, and Pliny's recommendation of it for the stone. Avicenna found that a cordial made of it is "singularly productive of joy," and Matthioli says it has "truly occult virtues against epilepsy," whether "hung about the neck or drunk in powders." Emeralds or rubies, and even silk (then a rarer substance in Europe than now), afford, according to Dioscorides, relief in a variety of ailments; but, of course, nothing could be so generally and indeed universally useful as gold. He who could discover how to make men actually drink the most costly of metals would teach them nothing less than the secret of immortality. The Aurum Potabile, or noble "Solar Oyl," especially when mixed with the "Lunar Oyl," of silver, and Mercurial Oyl, forms, as Bolnest assures us, "a great Arcanum, fit to be used in most diseases, especially in chronick." By itself alone, indeed, the drinkable gold was understood to be an elixir of life—a conclusion not a little remarkable when we consider that the only real value of the metal is its convenience as a circulating medium and for the fabrication of ornaments, and that the artificial importance thus attached to it must have so affected men's minds as to cause them to idealize it as a sort of divine antidote to disease and death.—*Ext. from Druggists' Circular.*

Ergot as an Anti-galactagogue.—A Russian physician, Dr. J. Schtscherbinenkoff, has made the interesting observation (*Centralblatt für Chirurgie*, May 8, 1875) during an epidemic of secale cornutum in the district of Simbirski, that amongst the symptoms of ergot-poisoning is the diminution or complete arrest of the secretion of milk in lactating women. The same result was found to occur in cows that had been fed on meal which contained ergot, or that had been littered with carelessly threshed straw which still contained some affected ears. Schtscherbinenkoff conceived the idea of employing it as a remedy in cases of threatened abscess of the breast, and carried it out in many cases with great advantage. Two multiparæ who had suffered at each previous confinement from abscess of the breast took some of the drug with the happiest result, as soon as swelling began to appear, accompanied by congestion of the gland with milk. He has also administered ergot

and quinine, in doses of forty-five grains of ergot, twice or thrice a day, in cases of so-called milk-fever, and has found the drug useful in cases of swelling of the breast accompanied by fever, in other than puerperal women, as well as in those where it is required to wean the child either at the normal or at an earlier period. He has exhibited as much as a dram of ergot daily for a week without observing any unpleasant result.—*Druggists' Circular.*

RUSSIAN CURE FOR DRUNKENNESS.—H. Haurowiz says that for some time past *Herba serpylli* (wild thyme) has been used with great success to effect a permanent cure of drunkenness; in case of a relapse (only after years), a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (an ounce and a half to a pint and a half), and give the patient a teacupful every half hour. The next day it is given every two hours, and then four to six times a day till the cure is complete, which generally takes from two to three weeks. The effects are in the following order: vomiting, diarrhea, increased urine, strong transpiration; then generally increased appetite and craving for acidulous beverages. Diet: easily digested food and lemonade or other acidulous liquids.—*Amer. Jour. of Pharm.*

Miscellany.

—The following bit of raillery from Joseph Addison would be very distasteful to the medical profession were it not the case that it was written in the greatest good humor. He is not less severe on the law, as will be seen below: "If we look into the profession of physic we shall find a most formidable body of men. The sight of them is enough to make a man serious; for we may lay it down as a maxim that when a nation abounds in physicians it grows thin of people. This body of men in our own country may be described like the British army in Cæsar's time: some of them slay in chariots and some on foot. If the infantry do less execution than the charioteers it is because they can not be carried into all quarters of the town and dispatch so much business in so short a time. Besides this body of regular troops there are stragglers who, without being duly listed and enrolled, do infinite mischief to those who are so unlucky as to fall into their hands. There are, besides the above-mentioned, innumerable retainers to physic who, for want of other patients, amuse themselves with the stifling of cats in an air-pump, cutting up dogs alive, or impaling of insects upon the point of a needle for microscopical observation, besides those that are employed in the gathering of weeds and the chase of butterflies. The body of the law is no less encumbered with superfluous members, that are like Virgil's army, which, he tells us, was so crowded many of them had not room to use their weapons. This prodigious society of men may be divided into the litigious and peaceable. Under the first are comprehended all those who are carried down in coachfuls to Westminster Hall every morning in term-time. Martial's description of this species of lawyers is full of humor: 'Iras et verba locant,' 'men that hire out their words and anger,' that are more or less passionate according as they are paid for it, and allow their client a quantity of wrath proportionable to the fee which they receive from him. As they do not know what strifes may arise they appear at the hall every day, that they may show themselves in readiness to enter the lists whenever there shall be occasion for them."

THE HYGIENE OF THE PRINTED PAGE.—(Boston Journal of Chemistry.)—Nearly a year ago a writer in the Boston Medical and Surgical Journal raised the question, "Should printed lines be short?" The following extract gives the gist of the article: "If the New York Times or Tribune, the Boston Post or Advertiser, should widen its columns to the length of ten or fifteen inches, it would, in a short time, lose all its readers. If you undertake to read a page of the North American Review, and then one of Littell's Living Age, you will find the latter much the easier reading. Or, to make the comparison more effectual, suppose you read a page of one of the English reviews and then a page of the same article in the American review, the former having lines of five or six inches in length, the latter not much more than half as long.

Or consider more particularly the great difficulty in reading legal documents, insurance policies, gubernatorial proclamations, college diplomas, and the like, the lines of which may be twelve inches, twenty inches, or two feet long; no one reads such papers if he can help it. And the reason is the necessity of moving the head on its axis, to turn the eyes from the left to the right, and *vice versa;* but still more, and what is a vastly greater evil, the constant demand on the eye to change its focus in order to accord with the varying distance from the eye to the extremes and the middle of the line. Some persons would perhaps deny that any such inconvenience is experienced. These persons have probably considered very carelessly their own sensations, and make very little allowance for those of others. Such persons, too, have very likely paid little attention to the reason why some print is less attractive than other print." Another reason, in our opinion, why both written and printed lines should be short is the difficulty of "keeping one's place" in going from line to line when they are long. On this account, an epistle written on note-paper is easier to read than one on letter-paper, and this may partially explain why the former size has become more popular. It is also one reason, if not the chief reason, why "leaded" print is more easily read than "solid" matter in the same size of type. A near-sighted person feels this difficulty more than one does whose vision is normal; though the latter will, we think, be conscious of it when reading under unfavorable circumstances, as in a railroad train, or with imperfect light. There is also a relation between the size of the page and the ease and comfort with which we read it. Other things being equal, a small page is better than a large one, especially in a book. The large pages of newspapers can be folded so as to bring a limited space before the eye at once, but we can not do this in the case of a bound volume. It is an inconvenience to have to do it with the newspaper, and this may be one reason for the growing popularity of the "quarto" form. If a journal is to be bound up it ought not to have a page larger than the one now before the reader. Larger pages may be required for some of the illustrated journals, but the bound volume of such a periodical, though one may enjoy looking at the pictures, is fearfully hard reading, especially for those who are at all near-sighted. The chief advantage of the small page is that it may be easily held at the most comfortable angle before the eye. The big book, too heavy and clumsy for the hand, must lie on the desk or table, and unless the type is of liberal size one must bend or stoop over it, in order to read the greater part of the page. To the severe strain upon the eye are added all the evils of a cramped and unnatural posture of the body. The volume may be supported by a book-rest, but this is at best merely a mitigation of the evil. Such a contrivance, however, ought to be used to a greater extent than it is, especially in our schools, and by students generally. Much of the unhealthy bending over desks might be obviated by the use of some simple and cheap support for the quarto geographies and other large-paged books of the common school, and the lexicons and atlases of a more advanced course of study. Dictionaries are almost invariably the worst of books, from our present point of view. The page is large, the type is small, the book is heavy. This is inevitable, perhaps, on account of the necessity of crowding so much matter into a single volume. To put it in several volumes would not only add greatly to its cost, but also make it less convenient for its purpose. There might, however, be an improvement in the abridged dictionaries used in elementary work. For ordinary high-school use, for instance, why should we not have English, French, and Latin dictionaries in large, clear type? The volume would have to be somewhat larger, but need not be unreasonably bulky, and the gain in size of type would more than balance the loss in ease of handling. We may remark here that the "vocabularies" appended to many of the school editions of the classics seem to us particularly

objectionable, on account of being in type much finer than the body of the book. The pupil in learning his lesson is continually turning from one size of type to the other, now looking at a word in the text, and now at its meaning in the vocabulary, and the strain upon the eye in accommodating itself to the two kinds of type is very great. Let any one place before himself two pages of large and small type, and turn rapidly from one to the other, reading a line or sentence of each, and he will get an idea of this optical strain. It would be better to use larger type in the vocabularies, even if twice as many pages were required for it; but in many cases space might be saved by omitting superfluous definitions. For ordinary reading, as we have said, the small book that can be held in the hand without weariness is better than the big and heavy one; and the problem for printers and publishers is to furnish good, legible type in this "handy" form. That the problem can be solved, and in a tasteful and attractive manner, is shown by the "Little Classics" lately brought out in Boston, which seem to us quite faultless from a hygienic point of view; and to this fact their immediate and marked popularity is probably in no small degree to be ascribed. The new edition of Hawthorne, in the same style, is having as good a "run," and we believe this is mainly due to its form. We hope to see similar editions of all our standard authors, especially those which have hitherto been accessible only in clumsy duodecimos or clumsier octavos. There are books enough that must inevitably be bulky and heavy; let us have small and handy ones when it is possible. The binding of a book is a matter that comes partially within the scope of our subject. We object, on hygienic grounds, to that close, tight binding which makes it impossible to lay the page flat before the eye. Reading on a curved surface tires the eye, which must accommodate itself to the varying distances of different parts of the line. It is a common mistake also to make the inside margin of the page too narrow, so that if the volume is tightly bound it requires a special effort to see the inner end of the lines. We have by no means exhausted the subject, and may resume it hereafter.

POT v. KETTLE.—The Medical Weekly has another fit of virtuous indignation at our remarks upon the "optional" private quizzes which are held by the professors of the Kentucky-Louisville School. It thinks we have "insulted the living and defamed the dead." We despair of teaching it logic, but if our remarks in this connection have been slanderous and libelous, how are we to interpret what it says in regard to the diploma fee? This fee is charged by colleges generally, and was charged by the Kentucky-Louisville School until some mathematical genius discovered that a like or greater sum could be raised by assessing on first and second-course students alike an additional fee of ten dollars. It was then very virtuously abolished. Of the diploma fee the Weekly says: "It is an unjust tax upon the student and subjects the faculty to the charge of selling diplomas. No one who has any interest in a case is allowed to serve as a juryman. Disinterestedness is a chief attribute of justice. Where $30 are at stake on each vote for a candidate for graduation, disinterestedness is impossible. An interested voter in law is an unfair voter. He may be the soul of honesty, but it is wrong that money should depend upon his vote. The diploma fee is a mere gratuity received by the faculty for every candidate passed, and lost for every one rejected. *Money in the ballot-box.*" Is this less of an intimation than is contained in the experience of Dr. Gil Blas, whom we quoted as below: "'It will be entirely optional with the students whether or not they will become members of these private classes.' Of course it is entirely optional; but our poor and deserving young friend will soon see that he had better raise the additional tuition fees, especially when a candidate for graduation. Gil Blas, while traveling through Spain, saw a hat and a rosary lying upon the

roadside, and heard a plaintive voice saying, 'In the name of the Holy Virgin, put some reals into the hat for a poor soldier.' On looking up he saw a man sitting by the side of the road with a loaded musket, propped upon sticks, pointed at his head. It was entirely 'optional' with him to contribute the alms, but it is needless to say that he did." For all we know the soldier's gun was empty, and while we might not have the slightest idea that the payment or non-payment of fees for quizzes influences a vote, students are about as ignorant of one fact as Dr. Gil Blas was of the other. Indeed their wits are somewhat puzzled about the faculty which has already fooled them in regard to "free tuition," and the "beneficiary" part of their scholarships.

THE MISSING LINK.—We are at a loss to understand why the professor of medical chemistry and toxicology does not appear among the Bobolinks. Are not his pipes tuned to sing the merry spring lay characteristic of that jolly bird, or have the vapors of the laboratory made it impossible for him to moult his winter plumage? But as the bird who shares his chemical perch seems to be as cheerful a Bobolink as any, it must be due to some deeper and more mysterious cause. How sad it is to think of him left alone to wait the autumn days to bring him back his brother Ortolans! Perchance his song is not gay enough for the glad spring time; but we hate to think of him piping his lonely lay through the long summer days, waiting for the "Beneficiary" ripening which will bring the Ortolans together. While we do not think the crop will be as large as usual, we hope, poor lonely bird, that you will get *your share* of it. Come back, come back, O missing Bobolink!

—The Medical Weekly has upon several occasions complained that we have repaid its kindness in noticing our journal (before it came out) by attacks upon the Kentucky-Louisville School. We have not forgotten the notice it refers to, and thought we had repaid it in kind. Have we not, indeed, upon several occasions, said distinctly "our excellent contemporary"? Nay, we are not ungrateful; but buttered phrases can not turn away our just criticism of the Phenomenon which the Weekly represents. Can it be possible that the journal had this in view when it devoted a half-dozen amiable lines to our advent? If such be the case, our answers have been "prompt and appropriate," however "conspicuous and spontaneous," not to mention "proper and just." As the tawny Moor comically observes to Coriolanus in Macbeth, "Rich gifts wax poor when givers prove unkind"!

—The Shelbyville Republican of March 2d, 1876, contains the following: "Major C. J. Hinkle is in receipt of a letter from Prof. Gaillard, President of the Louisville School of Medicine, informing him that Shelby County is entitled to a student during the next session, *free of tuition fee.* Any young man desiring to attend should call on Major H., who will take pleasure in recommending him and furnishing all desired information." And yet it is libelous to say that the Kentucky-Louisville School, among its other sins, allures students by pretenses of free tuition. Will Major Hinkle inform the recipient of the document he is instructed to give away that there will be charged him a beneficiary fee of $40, a dissecting fee of $10, and a matriculation fee of $5, and that the fees for private quizzes of the professors (optional) are from $5 to $20 apiece?

—A Chinese doctor in Hong Kong, who had failed to save the life of a patient, was tied to the corpse as a punishment, and was only released on his agreeing to pay all the funeral expenses.

—The beauty of the following conundrum lies principally in its truth: What is the difference between a patent medical school and a school of patent medicine? Ans. None to speak of.

—Seven hundred and fifty students are reported to have been present in Louisville during the session just closed. More than two hundred of these have graduated.